

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 17 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Lyn M. Scholle	ett		
II. Name of lobbyist's	partnership, firm or corp	oration, if any:		
New H	Iampshire Coalit <u>ion</u>	Against Don	nestic and Sexual V	iolence
	e of partnership, firm or corpo			
PO Box		oncord	NH	03302
Business Address: (Str	eet) (Town/City)	(State)	(Zip Code)
(603) <u>224-8893</u> (Telephone)	(603)_2	28-6096 (Fax)	e-mail <u>lyn@nh</u>	cadsv.org
III. This statement co reportable expense tr	vers: (Choose one – file se ansactions which are not	parate reports for attributable to any	each client, OR you may one client).	/ file a separate repoi
☐ All reportable trans	sactions occurring in the mo	onths prior to the re	porting date relative to the	following client:
New	v Hampshire Coaliti	on Against D	omestic and Sexua	l Violence
	(Full Name of Client as it ap	pears on the Lobbyis	Registration Form)	
OR ☐ All reportable transcurrelated to any particular.	actions by the lobbyist (incular client.	luding the lobbyist	s family), or the lobbying	firm listed below which
IV. Date of Report Reports cover: activi	April 26, 2017 X	3/31/17 ac	July 26, 2017 tivity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/30/17	, ac	January 31, 2018 ☐ tivity from 10/1/17 to 12/31/	17
V. There have been If this box is checked, of Concord, NH 03301.	no fees received and no complete just this form and	reportable trains to the Section 2 to the Section 3 to the Section 2 to th	asactions made since the retary of State's Office, St	te last report. □ ate House, Room 204,
VI. Check if addition	al reports are attached:			
☐ If you have receive	ed fees or made expenditur			
Expense Reimburseme	n honorarium or reimbursed ent			
☐ If you, your firm,	or your family has made po	litical contribution	s, you must file Addendui	n C– Political Contrib
I have read RSA 15, R	Firmation by Lobbyist LSA 15-B, RSA 14-C and R est of my knowledge and be	SA 664 and hereby lief.	swear or affirm that the fo	oregoing information i
(Signature of lobbyist	y -		(Date	e)
Lvn M. Scholle	l ett			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Lyn M. Schollett	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)	tual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	d Date 4/7/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$111.66
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$111.66
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$111.66
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyigh)	4/7/2017 (Date)
Lyn M. Schollett (Print Name of lobbyist)	